

Avian Influenza Monitoring

N.C. Monitoring Instructions for Local Health Departments

This document provides guidance for local health department staff for the 10-day period of monitoring for persons who have had known or possible exposure to avian influenza.

1. AVIAN INFLUENZA BACKGROUND

Avian influenza viruses were most recently identified in birds in wild birds in the United States in January 2022 and have infected wild birds and poultry in multiple states since that time. No human infections with these viruses have been detected. However, similar avian influenza viruses have infected people in other countries; some of these human infections have been severe or even fatal. Additional information is available at <https://www.cdc.gov/flu/avianflu/influenza-a-virus-subtypes.htm>.

2. MONITORING

A. Overview. The purpose of active and self-monitoring is to ensure that an individual who becomes ill within 10 days after a known or suspected exposure to avian influenza is identified as soon as possible after symptom onset so they can be rapidly evaluated, tested and treated. Persons with known or suspected exposure to confirmed ill poultry or their environment will undergo monitoring for 10 days after their last potential exposure. The type of monitoring (active vs. self-monitoring) will depend on the degree of exposure, the extent to which personal protective equipment was utilized, and the public health risk assessed by the Communicable Disease Branch

B. Risk Assessment. A risk assessment should start with completing the AI Contact Questionnaire, which includes information about the person's contact information, where they were exposed (name of farm, city, state), date of first and last exposure, and type of personal protective equipment that was used. **Once completed this form should be faxed or securely emailed back to the CD Branch at (919) 733-0490 or ILINet@dhhs.nc.gov.**

The table below lists the recommended monitoring type based on exposure determined by the risk assessment AI contact questionnaire and in coordination with the Communicable Disease Branch

Type of Monitoring by Exposure Risk Classification

Exposure Type	Type of Monitoring
I. No exposure to infected birds or their environments (e.g., administrative duties)	Self-monitoring
II. Exposure to infected birds and/or their environment while wearing recommended personal protective equipment (PPE)	Self-monitoring
III. Exposure to infected birds and/or their environment when not wearing recommended PPE (e.g., exposure prior to donning PPE or a breach in PPE during response activities).*	Active monitoring

*Please be aware that PPE breaches might occur more frequently than reported

C. General Monitoring Instructions. Upon receiving notification of a returning responder from another state or individuals who had exposure to avian influenza virus within the state, the local health department should contact the exposed person (in-person or remotely) to complete the AI contact questionnaire. The local health department should provide them (in-person or electronically) with the following documents: (1) monitoring

instructions for exposed persons, and (2) symptom log. Either the local health department or the individual should complete the symptom log depending on the type of monitoring that is determined .

Self-monitoring. The individual completes symptom log every day for 10 days after their last exposure.

Active Monitoring. LHD contacts the individual every day for 10 days after their last exposure and completes the symptom log.

If any symptoms develop, the person under monitoring should immediately contact public health using the contact number(s) included with their monitoring instructions. The LHD should call the Communicable Disease Branch at 919-733-3419 for consultation.

Day 1 is the first day after their last exposure.

Day 2-9, the individual is monitoring/being monitored for signs and symptoms.

Day 10 is the last day of monitoring; LHD should verify by phone the individual's health status, inform them that monitoring has ended, and notify the Communicable Disease Branch.

3. CONTROL MEASURES

Standard, Contact, and Airborne precautions are recommended when providing direct patient care (including specimen collection) to patients under investigation for novel influenza A viruses, including HPAI H5 viruses. More information on infection control recommendations can be found at <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>. Home isolation is acceptable for ill patients who do not require hospitalization.

4. MEDICAL EVALUATION, TESTING AND TREATMENT

Influenza testing through the State Laboratory of Public Health and antiviral treatment are recommended for any person who develops influenza-like illness within 10 days after a known or suspected exposure to avian influenza virus. For exposed persons who become ill during their 10-day monitoring period, the Communicable Disease Branch will work with the LHD to facilitate prompt evaluation, testing and treatment in a medical facility and ensure that proper precautions are taken to avoid potential exposures. If illness is mild and the person does not wish to seek medical care, the Communicable Disease Branch can work with the LHD to facilitate collection of specimens and access to antiviral treatment in the home if possible.

5. IMPORTANT DOCUMENTS/LINKS

Additional information, documents and guidance referenced in this document can be found at:

http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/other_diseases.html

[CD Nurse Toolkit for HPAI](#)

CDC Information on Avian Influenza: <http://www.cdc.gov/flu/avianflu/index.htm>

[Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza Viruses](#)